# SDFS COORDINATORS'

# *PROGRAM PLANNING*

# *EVALUATION GUIDE*

State Department of Education
Safe and Drug-Free Schools Program

# Principles of Effectiveness for the Safe and Drug-Free Schools And Communities Act State Grant Program

Having safe and drug-free schools is one of our Nation's highest priorities. To ensure that recipients of Title IV funds use those funds in the ways that preserve State and local flexibility but are most likely to reduce drug use and violence among youth, such recipient shall coordinate their SDFSCA-funded programs with other available prevention efforts to maximize the impact of all the drug and violence prevention programs and resources available to their State, school district, or community, and shall.

The district K- 12 SDFS program needs to be comprehensive covering tobacco, alcohol, other drugs and violence prevention. Program accountability must follow the required principles of effectiveness:

1) Based on an assessment of objective data about the drug and violence problems in the schools and communities that are served.
2) Based on performance measures aimed at ensuring that these schools and communities have a safe, orderly, and drug-free learning environment.
3) Grounded in scientifically based research that provides that the program to be used will reduce violence and illegal drug use.
4) Based on analysis of prevalence of "risk factors, protective factors, buffers, assets, or other variables," identified through scientifically based research that exist in the schools and communities in the State.
5) Include consultation with and input from parents.
6) Evaluated periodically against locally selected performance measures, and modified over time (based on the evaluation) to refine, improve, and strengthen the program.

SDFS programs, activities, and services implemented by the districts must have risk and protective factors and developmental assets incorporated into them.

**Protective Factor, and Assets:** mean any one of a number of the community, school, family, or peer-individual domains that are known, through prospective, longitudinal research efforts, or which are grounded in a well-established theoretical model of prevention, and have been shown to prevent alcohol, tobacco, or illegal drug use, as well as violent behavior by youth in the community, and which promote positive youth development.

**Risk Protective:** means any one of a number of characteristics of the community, school, family, or peer-individual domains that are known through prospective longitudinal research efforts to be predictive of alcohol, and illegal drug use, as well as violent behavior by youth in the school and community.

# RISK AND PROTECTIVE FACTORS

## Risk Factors for Unhealthy Adolescent Behaviors

Certain risk factors have been identified in longitudinal studies as predictors of adolescent health and behavior problems. Risk factors are divided into four domains: individual/peer, family, school and community.

### I. Individual/Peer Domain Risk Factors

**Rebelliousness.**
Young people who feel they are not part of society or are not bound by rules, who don't believe in trying to be successful or responsible, or who take an actively rebellious stance toward society are at higher risk of drug abuse, delinquency, and school dropout.

**Friends who engage in the problem behavior.**
Young people who associate with peers who engage in a problem behavior – delinquency, substance abuse, violent activity, sexual activity, or dropping out of school – are much more likely to engage in the same problem behavior.

**Favorable attitudes toward problem behavior.**
During elementary school years, children usually express anti-drug, anti-crime, and pro-social attitudes and have difficulty imaging why people use drugs, commit crimes, and drop out of school. However, in middle school, as others they know participate in such activities, their attitudes often shift toward greater acceptance of these behaviors. This acceptance places them at higher risk.

**Early initiation of the problem behavior.**
The earlier young people drop out of school, use drugs, commit crimes, and become sexually active, the greater the likelihood that they will have chronic problems with these behaviors later. For example, research shows that young people who initiate drug use before the age of 15 are at risk of having drug problems than those who wait until after the age of 19.

## II. FamilyDomain Risk Factors

**A family history of high-risk behavior.**
If children are raised in a family with a history of addiction to alcohol and other drugs, their risk of having alcohol or other drug problems themselves increases. If children are born or raised in a family with a history of criminal activity, their risk for delinquency increases. Similarly, children who are born to a teenage mother are morel likely to drop out of school themselves.

**Family management problems.**
Poor family management practices are defined as a lack of clear expectations for behavior, failure of parents to supervise and monitor their children, and excessively severe, harsh, or inconsistent punishment. Children exposed to these poor family management practices are at higher risk of developing substance abuse, delinquency, violence, teen pregnancy, and school dropout.

**Family conflict.**
Although children whose parents are divorced have higher rates of delinquency and substance abuse, it appears that it is not the divorce itself that contributes to delinquent behavior. Rather, conflict between family members appears to be more important in predicting delinquency than family structure. For example, domestic violence in a family increases the likelihood that young children will engage in violent behavior themselves. Children raised in an environment of conflict between family members appear to be at risk for substance abuse, delinquency, violence, teen pregnancy, and school dropout.

**Parental attitudes and involvement in the problem behavior.**
Parental attitudes and behavior toward drugs and crime influence the attitudes and behavior of their children. Children of parents who excuse their children for breaking the law are more likely to develop problems with juvenile delinquency. Children whose parents engage in violent behavior inside or outside the home are a greater risk for exhibiting violent behavior. In families where parents use illegal drugs, are heavy users of alcohol, or are tolerant of children's use, children are more likely to become drug abusers in adolescence. The risk is further increased if parents involve children in their own drug, or alcohol-using behavior – for example, asking the child to light the parent's cigarette or get the parent a beer from the refrigerator.

## III. School Domain Risk Factors

**Early and persistent antisocial behavior.**
Boys who are aggressive in grades K-3 or who have trouble controlling their impulses are at higher risk for substance abuse, delinquency, and violent behavior. When a boy's aggressive behavior in the early grades is combined with isolation or withdrawal, there is an even greater risk of problems in adolescence. This also applies to aggressive behavior combined with hyperactivity.

**Academic failure beginning in late elementary school.**
Beginning in the late elementary grades, academic failure increases the risk of drug abuse, delinquency, violence, teen pregnancy, and school dropout. Children fail for many reasons, but it appears that the *experience* of failure itself, not necessarily ability, increases the risk of these problem behaviors.

**Low commitment to school.**
Lack of commitment to school means the child has ceased to see the role of student as a viable one. Young people who have lost this commitment to school are at higher risk for substance abuse, delinquency, teen pregnancy, and school dropout

# IV Community Domain Risk Factors

**Availability of drugs.**
The more easily available drug and alcohol are in a community, the greater the risk that drug abuse will occur in that community. Perceived availability of drugs in school is also associated with increased risk.

**Availability of firearms.**
Firearms, primarily handguns, are the leading mechanism of violent injury and death. Easy availability may escalate an exchange of angry words and fists into an exchange of gunfire. Research has found that areas of greater availability of firearms experience higher rates of violent crime including homicide.

**Community laws and norms favorable toward drug use, firearms, and crime.**
Community norms – the attitudes and policies and community holds in relation to drug use, violence, and crime – are communicated in a variety of ways: though laws and written policies, through informal social practices, through the media, and through the expectations that parents, teachers, and other members of the community have of young people. When laws, tax rates, and community standards are favorable, or even when they are just unclear, young people are at higher risk.

**Transitions and mobility.**
Even normal school transitions can predict increases in problem behaviors. When children move from elementary school to middle school or from middle school to high school, significant increases in the rate of drug use, school dropout, and anti-social behavior may occur. Communities characterized by high rates of mobility appear to be at an increased risk of drug and crime problems. The more people in a community move, the greater is the risk of criminal behavior.

**Low neighborhood attachment and community disorganization.**
Higher rates of drug problems, crime, and delinquency and higher rates of adult crime and drug trafficking occur in communities or neighborhoods where people have little attachment to the community, where the rates of vandalism are high, and where surveillance of public places is low.

**Extreme economic and social deprivation.**
Children who live in deteriorating neighborhoods characterized by extreme poverty, poor living conditions, and high unemployment are more likely to develop problems with delinquency, teen pregnancy, and school dropout or to engage in violence toward others during adolescence and adulthood. Children who live in these areas *and* have behavior or adjustment problems early in life are also more likely to have problems with drugs later on.

# PROTECTIVE FACTORS

Promotion of protective factors has been demonstrated to reduce risk of problem behavior including drug use, violent or disruptive behavior, teen pregnancy, and dropping out of school. Promoting protective factors involves four domains:

*Individual (Domain)*

- Resilient temperament
- Positive social orientation

*In Families (Domain)*

- Bonding
- Healthy beliefs and clear family standards for behavior

*In School (Domain)*

- Opportunities for involvement
- Rewards/recognition for prosocial performance/involvement
- Health beliefs and clear standards for behavior

*In the Community (Domain)*

- Opportunities for prosocial involvement
- Rewards/recognition for prosocial involvement
- Health beliefs and clear community standards for behavior

Healthy Communities, Healthy Youth – Search Institute has identified the following building blocks of healthy development that help young people grow up healthy, caring and responsible.

| | CATEGORY | | ASSET NAME AND DEFINITION |
|---|---|---|---|
| External Assets | **Support** | 1. | ***Family Support*** – Family life provides high levels of love and support. |
| | | 2. | ***Positive Family Communication*** – Young person and her or his parent)s) communicate positively, and young person is willing to seek advice and counsel from parent(s). |
| | | 3. | ***Other Adult Relationship*** – Young person receives support from three or more non parent adults |
| | | 4. | ***Caring Neighborhood*** – Young person experiences caring neighbors. |
| | | 5. | ***Caring School Climate –*** School provides a caring, encouraging environment. |
| | | 6. | ***Parent Involvement in Schooling –*** Parent(s) are actively involved in helping young person succeed in school. |
| | **Empowerment** | 7. | ***Community Values Youth*** – Young person perceives that adults in the community value youth. |
| | | 8. | ***Youth as Resources*** – Young people are given useful roles in the community. |
| | | 9. | ***Service to Others*** – Young person serves in the community one hour or more per week. |
| | | 10. | ***Safety –*** Young person feels safe at home, at school, and in the neighborhood. |
| | **Boundaries & Expectations** | 11. | ***Family Boundaries*** – Family has clear rules and consequences and monitors the young person's whereabouts. |
| | | 12. | ***School Boundaries*** – School provides clear rules and consequences |
| | | 13. | ***Neighborhood Boundaries*** – Neighbors take responsibility for monitoring young people's behavior. |
| | | 14. | ***Adult Role Models*** – Parent(s) and other adults model positive, responsible behavior. |
| | | 15. | ***Positive Peer Influence*** – Young person's best friends model responsible behavior. |
| | | 16. | ***High Expectations*** – Both parent(s) and teachers encourage the young person to do well. |
| | **Constructive Use of Time** | 17. | ***Creative Activities*** – Young person spends three or more hours per week in lessons or practice in music, theater, or other arts. |
| | | 18. | ***Youth Programs*** – Young person spends three or more hours per week in sports, clubs, or organizations at school and/or in the community. |
| | | 19. | ***Religious Community*** – Young person spends one or more hours per week in activities in a religious institution. |
| | | 20. | ***Time at Home*** – Young person is out with friends "with nothing special to do" two or fewer nights per week. |
| | | | |
| Internal Assets | **Commitment to Learning** | 21. | ***Achievement Motivation*** – Young person is motivated to do well in school. |
| | | 22. | ***School Engagement*** – Young person is actively engaged in learning. |
| | | 23. | ***Homework*** – Young person reports doing at least one hour or homework every school day. |
| | | 24. | ***Bonding to School*** – Young person cares about her or his school. |
| | | 25. | ***Reading for Pleasure*** – Young person reads for pleasure three or more hours per week. |
| | **Positive Values** | 26. | ***Caring -*** Young person places high value on helping other people. |
| | | 27. | ***Equality and Social Justice -*** Young person places high value on promoting equality and reducing hunger and poverty. |
| | | 28. | ***Integrity*** - Young person acts on convictions and stands up for her or his beliefs. |
| | | 29. | ***Honesty*** - Young person "tells the truth even when it is not easy." |
| | | 30. | ***Responsibility*** - Young person accepts and takes personal responsibility. |
| | | 31. | ***Restraint*** - Young person believes it is important not to be sexually active or to use alcohol or other drugs. |
| | **Social Competencies** | 32. | ***Planning and Decision Making*** - Young person knows how to plan ahead and make choices. |
| | | 33. | ***Interpersonal Competence***- Young person has empathy, sensitivity, and friendship skills. |
| | | 34. | ***Cultural Competence***- Young person has knowledge of and comfort with people of different cultural/racial/ethic backgrounds. |
| | | 35. | ***Resistance Skills*** – Young person can resist negative peer pressure and dangerous situations. |
| | | 36. | ***Peaceful Conflict Resolution*** - Young person seeks to resolve conflict nonviolently. |
| | **Positive Identify** | 37. | ***Personal Power*** - Young person feels he or she has control over "things that happen to me." |
| | | 38. | ***Self-esteem*** - Young person reports having a high self-esteem. |
| | | 39. | ***Sense of Purpose*** - Young person reports that "my life has a purpose." |
| | | 40. | ***Positive View of Personal Future*** - Young person is optimistic about her or his personal future. |


W app02 risk,protective, asset factors

# The Five-Step Method of Program Planning and Evaluation

## An Overview of the Five-Step Method

**Step 1:** **Assess needs based on objective data**

**Step 2:** **Define measurable goals**
These are developed from the needs/risk assessment

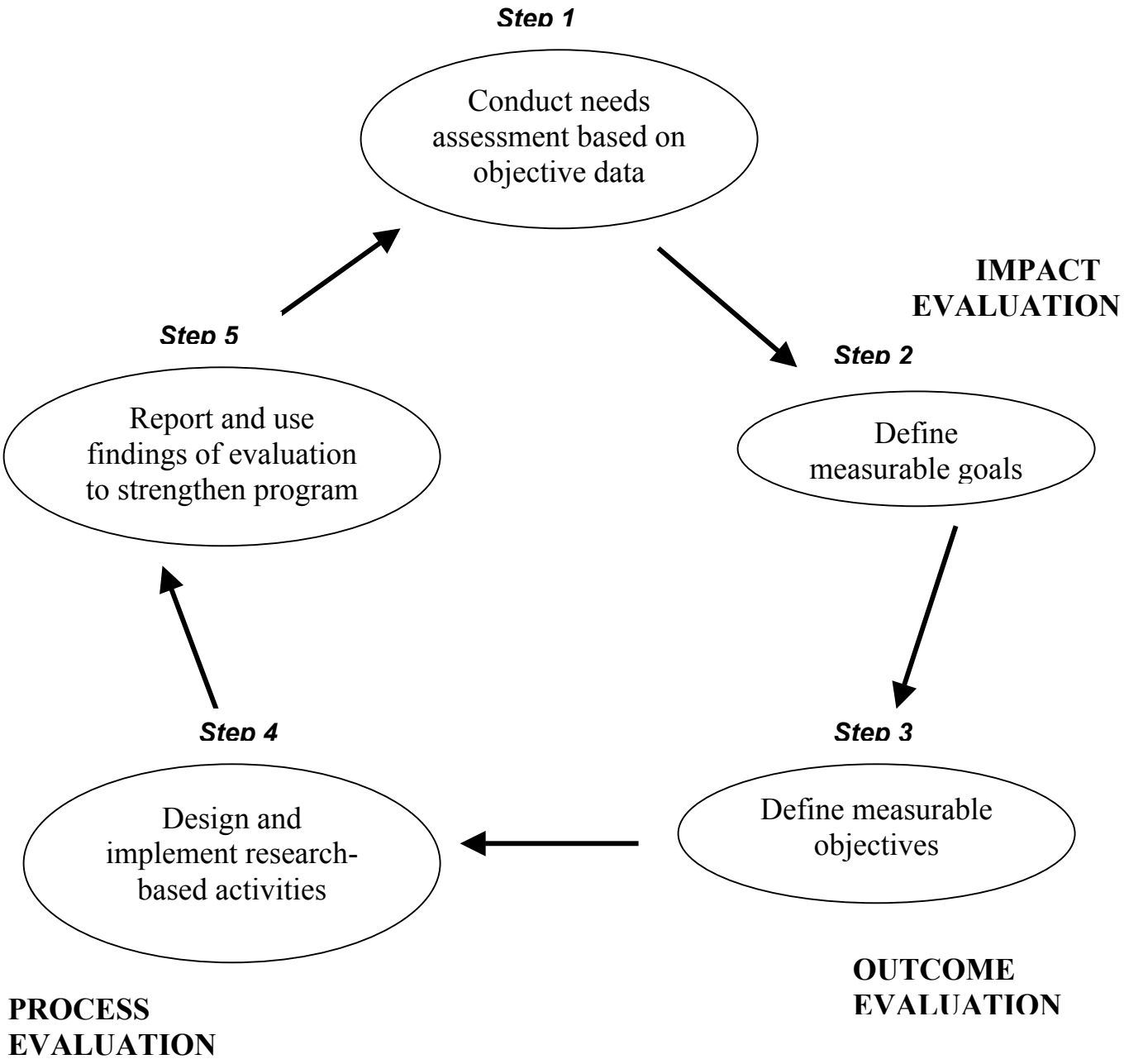
**Step 3:** **Define measurable objectives**
These are developed for each goals

**Step 4:** **Design and implement research-based program activities**
Activities are designed and implemented to achieve established goals and objectives using strategies which have demonstrated effectiveness.

**Step 5:** **Evaluation**

**The schematic below provides an overview of prevention program planning and implementation. It also shows the levels of evaluation associated with each phase of the planning and implementation process.**

# Program Planning and Evaluation Cycle



## Step 1: Assess needs based on objective data

### Needs Assessment Resources for Safe and Drug-Free Schools Grants

| **SDFSCA Performance Indicators** |
|---|
| |
| **1. Use of alcohol and other drugs** |
| a. Prevalence of use among students |
| b. Age of first use among students |
| c. Alcohol/other drug-related arrests of youth in community |
| |
| **2. Incidence of violence and other crime in schools** |
| a. Guns and other weapons brought to school |
| b. Students felt unsafe |
| c. Students threatened/victimized |
| d. Criminal incidents in schools |
| e. Crimes using weapons in schools |
| f. Violence-related arrests of school-aged youth in community |
| |
| **Key Sources of Data for Indicators** |
| Risk and Protective Factors |
| 40 Developmental Assets |
| SDFS Substance Use and School Climate Survey |
| Youth Risk Behavior Surveys |
| Surveys Conducted by District/Communities |
| School Records |
| a. Absenteeism |
| b. Tardies |
| c. Substance Use/Abuse |
| d. Incident Reports |
| e. Discipline Referrals |
| Kid's Count |
| Local County Juvenile Correction Officers |
| Idaho Department of Law Enforcement/ County/City |
| Idaho Department of Health and Welfare, Bureau of Family & Children's Services |
| Treatment Providers |

## Step 2: Define Measurable Goals

A goal is a measurable statement of desired longer-term, global impact of the prevention program.

Well-formulated goals reflect the longer-term, global effects the prevention program is intended to achieve. Goals typically address changes in alcohol and other drug use measures of incidence of violence or in terms of changes in risk or protective factor indicators.

Goal is an expectation which is:

1. More encompassing or global
2. Written to include all aspects or components of a program
3. Provides overall direction for a program
4. Is more general in nature
5. Usually takes longer to complete (weeks, months, years)
6. Usually is not observed, but rather must be inferred because it includes words like: *evaluate, know, improve, and understand*
7. Is often not measurable in exact terms

**Examples:**

- Reduced alcohol use among teens
- Reduced number of disciplinary suspensions
- A change in group norms or public policy

## Step 3: Define Measurable Objectives

Objectives or performance indicators/outcomes are dependent upon several variables. These include but are not limited to:

1. The purpose and goals of the program
2. The target population being served
3. The availability of other programs that have similar purposes
4. The availability of appropriate program resources

To address these different program focuses, Parkinson and Associates developed a framework or hierarchy that includes six different levels of program objectives or outcomes. It begins with the least complex and works towards the most complex. Complexity is defined in terms of time and resources needed to reach the objective:

1. Increase awareness
2. Increase knowledge
3. Change in attitudes
4. Change in behavior
5. Reduction in risk
6. Reduction in morbidity and mortality

**Defining Measurable Objectives:**
**What Performance Indicators/Outcomes Do We Wish to Achieve:**

**What to strive for:**

1. Objectives are statements of precise and measurable results for a specified period that establish your program's criteria for success.
2. Performance Indicators/outcomes should describe the specific change in behavior, knowledge, attitudes, or feelings that program activities will produce.
3. Objectives should be measurable, realistic and attainable.
4. Objectives should be linked to specific goals.

**Example:**
By the year 2005, the rate of first alcohol use for $6^{th}$ grade through $12^{th}$ grade students will be reduced from the year 2002 rate of 13.9% to 9.9%.

**Developing Objectives:**
Objectives need to be written appropriately and realistically. Some questions to consider when writing objectives are:

1. Can the objective be realized during the life of the program or within a reasonable time after?
2. Can the objective realistically be achieved?

3. Does the program have enough resources (personnel, money and space) to obtain the specific objective?
4. Are the objectives consistent with policies and procedures of the sponsoring agency?
5. Do the objectives violate any rights of those who are involved?

**Elements of an Objective**

To ensure that an objective is indeed useful it should include the following elements:

1. The **performance indicator/outcome** to be achieved
2. The **conditions** in which the performance indicator/outcome will be observed
3. The **criteria** for deciding whether the performance indicator/outcome has been achieved
4. The **target population** to be addressed

**Pitfalls to Avoid**

1. Defining indicators/outcomes too broadly so that they appear to be goals
2. Describing indicators/outcomes in terms which are not measurable
3. Only listing knowledge-based outcomes
4. Listing program activities as your only outcomes
5. Listing performance indicators/outcomes which are not clearly linked to the overall goals of the program
6. Listing performance indicators/outcomes which are not appropriate for the target population

**Example:**
Decrease the number of students abusing substances by learning the pharmacology of illicit drugs.

**Linking Goals and Objectives:**

1. The relationships between goals, objectives and program activities are highly interactive.
2. Activities are designed and implemented to achieve objectives that support goals.
3. The link between goals, objectives and activities should be clearly evident.

Health Promotion is, ". . . the process of enabling people to increase control over and to improve their health." *World Health Organization, 1986*.

## SYSTEMS vs. INDIVIDUAL

### SYSTEMS APPROACH

- Social
- Economical
- Political
- International
- Cultural
- Legislative
- Physical Environment

### PERSONAL & SMALL GROUP APPROACH

- Cognitive
- Behaviorists
- Lifestyle
- Personal Decisions

The systems approach would argue that interventions aimed at the behavior of individuals are inadequate because the system is a more powerful and pervasive determinant of lifestyle. They also claim that a systems approach relieves conservative governments of responsibility for social change.

Individual lifestyle has strong support from governments and others who look at the cost containing aspects of targeting individual behaviors such as smoking, alcohol, diet, etc. They want to change the world one person at a time.

## Step 4: Design and Implement Research-Based Program Activities

***What We Know About What Does and Does Not Work***

### A. Drug Prevention: What Works

According to *Making the Grade: A Guide to School Drug Prevention Programs** (1996) key elements of effective drug prevention curricula include:

1. Helps students recognize internal and external pressures that influence them to use alcohol, tobacco, and drugs;
2. Develops personal, social and refusal skills to resist these pressures;
3. Teaches that using drug, alcohol, and tobacco are not the norm among teenagers even if students think "everyone is doing it."
4. Provides developmentally appropriate material and activities, including short-term effects and long-term consequences of alcohol, tobacco, and drugs;
5. Covers necessary prevention elements in at least ten sessions a year with three to five booster sessions in two succeeding years;
6. Uses interactive teaching techniques;
7. Actively involves the family and the community;
8. Includes teacher training and support; contains material that is eassy for teachers to implement and culturally relevant for students.

### Challenges to Effective Implementation

In addition to key elements for effective drug prevention curricula, certain challenges to effective program implementation have been identified. These include:

1. Difficulty undertaking sustained prevention initiatives with competing demands and shrinking budgets;
2. Inadequate teacher training and support to ensure that curricula are taught as designed to be taught and are culturally relevant.

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**Making the Grade: A Guide to School Drug Prevention Programs.* Drug Strategies, Washington, D.C. Call 202/663-6090 or www.drugstrategies.com

## B. Violence Prevention: What Works

According to *Safe Schools, Safe Students: A Guide to Violence Prevention Strategies** (1998), key elements of promising violence prevention programs include:

1. Activities designed to foster school norms against violence, aggression and bullying.
2. Skills training based on a strong theoretical foundation.
3. A comprehensive, multifaceted approach, including family, peer, media, and community.
4. Physical and administrative changes to promote positive school climate.
5. At least 10-20 sessions during the first year of a well-organized, well-implemented program and 5-10 booster sessions in the succeeding two years.
6. Interactive teaching.
7. Developmentally tailored interventions.
8. Culturally sensitive material.
9. Teacher training to insure that programs will be implemented as intended by the program developers.

**Violence Prevention Strategies of Dubious Value or Possibly Harmful Include:**

1. Scare tactics that show pictures or videos containing violent scenes.
2. Segregating aggressive or anti-social students into separate group establishes a negative peer group and can be counter-productive.
3. Instructional programs that are too brief and not supported by a positive school administration.
4. Programs that focus exclusively on self-esteem.
5. Programs providing only didactic information without helping students develop skills necessary to avoid and handle conflict.

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**Safe Schools, Safe Students: A Guide to Violence Prevention Strategies, 1998. Drug Strategies, Washington, D.C. Call 202-663-6090 or www.drugstrategies.com*

# Judging Proposed Activities

The following checklist is based on the National Institute of Drug Abuse Prevention Principles and may be used in the process of considering programs and activities to be implement.

Program/Activity Proposed: _____

| | **Does the program/activity…** | **Yes** | **Partially** | **No** |
|---|---|---|---|---|
| | | | | |
| 1. | Enhance "protective factors | | | |
| 2. | Reverse or reduce know "risk factor" | | | |
| 3. | Target all forms of drug abuse | | | |
| 4. | Include skills to resist drugs | | | |
| 5. | Strengthen personal commitments against drug use | | | |
| 6. | Increase social competency (e.g. communications, peer relationships, self-efficacy, and assertiveness) | | | |
| 7. | Include interactive methods, such as peer discussion groups rather than didactic teaching techniques alone | | | |
| 8. | Include a parents' or caregivers' component that reinforces what the children are learning and that opens opportunities for family discussions about use of legal and illegal substances and family policies about their use | | | |
| 9. | Include repeat interventions to reinforce the original prevention goals | | | |
| 10. | Use family-focused prevention rather than focusing on parents only or youth only | | | |
| 11. | Ensure that community media campaigns and policy changes are accompanied by school and family interventions | | | |
| 12. | Strengthen norms against drug use in all settings, including the family, the school, and the community | | | |
| 13. | Offer opportunities to reach all populations including those with behavior problems, learning disabilities, and potential dropouts | | | |
| 14. | Address the specific problems in the locality | | | |
| 15. | Provide more intensive and earlier intervention to target populations with a higher level of risk | | | |
| 16. | Offer services which are age-specific, developmentally appropriate, and culturally sensitive | | | |
| 17. | Appear to be cost-effective | | | |

## Step 5: Evaluation

### Judging the Effectiveness of Current Prevention Efforts

School districts are working very hard on programming for violence and drug use prevention. However, the schools cannot do this job alone and their programs are likely to be ineffective if activities implemented are not research-based. Local school districts and their local advisory councils are encouraged to check if their prevention efforts contain the school, family, community, and media elements described in "***Preventing Drug Use Among Children and Adolescents – A Research-Based Guide***."

The following checklist can assist in determining whether specific programs include research-based prevention principles:

Prevention Principles for School-Based Programs

1. Do the school-based programs reach children from kindergarten through high school? If not, do they at least reach children during the critical middle school or junior high years?

2. Do the programs contain multiple years of intervention?

3. Do the programs use a well-tested, standardized intervention with detailed lesson plans and student materials?

4. Do the programs teach drug-resistance skills through interactive methods (modeling, role playing, discussion, group feedback, reinforcement, extended practice)?

5. Do the programs foster pro-social bonding to the school and community?

6. Do the programs:
   - Teach social competency (community, self-efficacy, assertiveness) and drug resistance skills that are culturally and developmentally appropriate?
   - Promote positive peer influence?
   - Promote anti-drug social norms?
   - Emphasize skills-training teaching methods?
   - Include an adequate "dosage" (10 to 15 sessions in year one and other 10 to 15 booster sessions)?

7. Is there periodic evaluation to determine whether the programs are effective?

## Performance Indicators/Outcome Evaluation

**What to strive for:**

1. Sufficient detail regarding how data will be collected: from whom, by whom, and when to implement.

2. Clear definition of the indicators which determine criteria for success.

3. Use of instruments which yield valid measures of planned results.

**Objective Example:**

By the year 2005, the rate of first alcohol use for 6th grade through 12th grade students will be reduced from the year 2000 rate of 13.9% to 9/9%.

**Method of Evaluation:**

On an annual basis, the District Drug Free Schools Coordinator will collect and analyze data pertaining to rate of first alcohol use for 6th grade through 12 grade students.

**Pitfalls to Avoid:**

1. Failing to plan ahead sufficiently to conduct a pretest or baseline measure.

2. Providing limited detail regarding implementation of the outcome assessment (ex: how data were collected, from whom, by whom, and when.)

3. Utilizing instruments which do not measure attitudes, skills or behaviors identified in the desired outcomes.

4. Pretest and posttest questions that are not the same.

5. Using unstructured verbal feedback or anecdotal information as an indicator of outcomes.

6. Reporting only numbers of sessions or people served rather than outcomes produced by services.

7. Utilizing participant or staff satisfaction surveys as an outcome study.

# Some Key Evaluation Concepts

## Quantitative and Qualitative Data

1. ***Quantitative – numerical measures***
   - Implies "things" can be counted or assigned values expressed as quantities
   - Comparisons and conclusions based on numerical differences
   - Analysis relies heavily on statistical and other numerical methods
     *Common techniques involve questionnaire, tests, or databases*

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2. ***Quantitative – non-numerical measures information***
   - Descriptive information about programs or people in programs
   - Relies heavily on descriptive and interpretation
   - Complements quantitative evaluation
     *Common techniques involve observations, interviews, or focus groups*

The debate over the merits of qualitative versus quantitative methods is ongoing. Quantitative and qualitative methods each have advantages and drawbacks when it comes to the evaluation design, implementation, findings, conclusions, and utilization. Recognizing the strengths and suitability of both, practitioners have increasingly taken a pragmatic approach, integrating the two approaches. This approach is called a **mixed method approach.**

## Formative and Summative Evaluations

The term "**formative evaluation**" is sometimes used to refer to implementation and process evaluations. These evaluations examine the development of a project/program and may lead to changes in the way the project/program is organized or carried out.

The term "**summative evaluation**" is sometimes used to refer to performance indicators/outcomes or impact evaluations. These evaluations examine what the project/program has actually accomplished in terms of its stated goals and objectives.